



2832

FREE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/553,824	
		Filing Date	October 16, 2006	
		First Named Inventor	Matsukawa et al.	
		Examiner Name	Ross N. Gushi	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2833	
TOTAL AMOUNT OF PAYMENT		\$ 1,230.00	Attorney Docket No.	A3-301 US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1873</u> Deposit Account Name: <u>Molex Incorporated</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any addtl. fee(s) or underpayments under 37 CFR 1.16 and 1.17 and credit any overpayments.	

FEE CALCULATION				
1. Basic Filing, Search and Examination Fees				
	Filing Fees	Search Fees	Examination Fees	<u>Fees Paid (\$)</u>
Utility	\$310	\$500	\$200	\$
Design	\$210	\$100	\$130	\$
Plant	\$210	\$300	\$160	\$
Reissue	\$310	\$500	\$600	\$
Provisional	\$210	\$0	\$0	\$
2. Excess Claim Fees				
Each claim over 20 (including Reissues)				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>		
-20 or HP=	x	\$50	=	\$
Each independent claim over 3 (including Reissues)				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>		
-3 of HP=	x	\$210	=	\$
Multiple dependent claims		\$370		\$
3. Application Size Fee (over 100 sheets)				
<u>Total sheets</u>	<u>Extra sheets</u>	<u>Number of each addtl 50 (round up to whole #)</u>	<u>Fee (\$)</u>	
-100 =	/50 =	x	\$260	= \$
4. Petition for Extension of Time Fees				
Three months (37 CFR 1.17 (a)(3))				\$1,050.00
5. Other fee(s)				
Information Disclosure Statement				\$180.00
				\$
TOTAL FEES				\$1,230.00

Name (Print/Type)	Charles S. Cohen	Registration No. 32,210	Telephone (630) 527-4660
Signature			Date November 9, 2007

11/16/2007 RFEKADU1 00000031 501873 10553824

01 FC:1233 1050.00 DA